

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/582522	FILING DATE		
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51			
2	/					52			
3	/					53			
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43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	/					TOTAL IND.			
TOTAL DEP.	17	↔	↔	↔	↔	TOTAL DEP.	↔	↔	↔
TOTAL CLAIMS	18	↔	↔	↔	↔	TOTAL CLAIMS	↔	↔	↔